## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

128553-1/6/1-0117

| CLAIMS AS FILED - PART (Column 1)                                                                                                                                                                                                                                                                                   |                                                                                       |                                           |                |                               |              | (Column 2)       |            | SMALL ENTITY           |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|----------------|-------------------------------|--------------|------------------|------------|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                                                       |                                           | Q (            |                               | (Colu        | <u>(111) 2)</u>  | TYPE [     |                        |    | SMALL                         |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           | 2.6            |                               |              |                  | RATE       | FEE                    |    | RATE                          | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           | NUMBER FILED   |                               | NUMBER EXTRA |                  | BASIC FEE  | 375.00                 | OR | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                                                       |                                           | 26 minus 20=   |                               | * 6          |                  | X\$ 9=     |                        | OR | X\$18=                        | 108                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           | minus 3 =      |                               | 2            |                  | X42=       |                        | OR | X84=                          | 168                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                                                                                       |                                           |                |                               | , .          |                  | +140=      |                        | OR | +280=                         |                        |
| * If the difference in column 1 is less than zero                                                                                                                                                                                                                                                                   |                                                                                       |                                           |                |                               | r "0" in c   | column 2         | TOTAL      |                        | OR | TOTAL                         | 1026                   |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                         |                                                                                       |                                           |                |                               |              |                  |            |                        |    | OTHER                         |                        |
| _                                                                                                                                                                                                                                                                                                                   | Esta PotAsesta Esta                                                                   | (Column 1)<br>CLAIMS                      | (Colur<br>HIGH |                               |              | (Column 3)       | SMALL      | ENTITY                 | OR | SMALL                         | ENTITY                 |
| <b>AMENDMENT A</b>                                                                                                                                                                                                                                                                                                  |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus          | **                            |              | =                | X\$ 9=     |                        | OR | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | *<br>NTATION OF MI                        | Minus          | ***                           | T CL AIM     | =                | X42=       |                        | OR | X84=                          |                        |
|                                                                                                                                                                                                                                                                                                                     | THOTTRESE                                                                             | TATION OF WI                              |                | LINDLIN                       | CLAIIVI      |                  | +140=      |                        | OR | +280=                         |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           |                |                               |              |                  |            |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
| ADDIT. FEE                                                                                                                                                                                                                                                                                                          |                                                                                       |                                           |                |                               |              |                  |            |                        |    |                               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         | и Б                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus          | **                            |              | = '              | X\$ 9=     |                        | OR | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | *                                         | Minus          | ***                           |              | =                | X42=       |                        | OR | X84=                          |                        |
| <b>L</b>                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                           | NTATION OF MI                             | CLAIM          |                               | +140=        |                  | OR         | +280=                  |    |                               |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           | TOTAL          |                               | 0.0          | TOTAL            |            |                        |    |                               |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | (Column 1)                                |                |                               | -1           | <b>10</b> 1      | ADDIT. FEE |                        | OR | ADDIT. FEE                    |                        |
| _                                                                                                                                                                                                                                                                                                                   | (                                                                                     |                                           | (Colui         |                               | (Column 3)   | ·                |            | <b>I</b> I             |    |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVIO<br>PAID         | OUSLY        | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus          | **                            |              | =                | X\$ 9=     |                        | OR | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | *                                         | Minus          | ***                           | E CL AINA    | =                | X42=       |                        | OR | X84=                          |                        |
| _                                                                                                                                                                                                                                                                                                                   | TLINO I PHESE                                                                         | NTATION OF M                              | OLIPLE DEF     | LENDEN                        | CLAIM        |                  | +140=      |                        |    | 1200-                         | <del></del>            |
| *                                                                                                                                                                                                                                                                                                                   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                |                               |              |                  |            |                        | OR | +280=<br>TOTAL                |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |                |                               |              |                  |            |                        |    |                               |                        |